# City of St. Charles Demolition



Building & Code Enforcement Division 2 East Main Street St. Charles IL 60174 630.377.4406 (Office) 630.443.4638 (Fax) http://www.stcharlesil.gov

Please direct any and all questions to the City of St. Charles Building & Code Enforcement Division: Monday through Friday (8 AM to 4:30 PM) at 630.377.4406

A building permit is required prior to any demolition of a structure. The following are guidelines and comments for obtaining a building permit.

#### **Application and Drawings Procedures:**

- ▶ An application is to be filled out and submitted to the Building & Code Enforcement Division. The contractors names, addresses, phone numbers and, if required, their license numbers are to be filled out when submitting the application.
- ► Eight (8) copies of the plat of survey of the site for demolition are to be submitted with the application.
  - → The application along with a copy of the survey will be forwarded to the following departments: Electric, Water, Sewer, Water, Fire Prevention, Public Works City Arborist, Development Engineering Division, and Water Meter Division (application only) for their review and comments. The building permit will not be issued until all reviews are completed.
- ▶ Our goal is to complete the review of your building permit within 10 working days.

### **Application** – **Permit Fees:** <u>All fees are to be paid in the form of check, cash or money</u> order.

- Residential: \$300.00 due at time of submittal.
- Non-Residential: \$425.00 due at time of submittal
- All partial demolitions that do not include disconnect of any utility service -Base fee of \$50.00 due at time of submittal

#### **Homeowner – Contractor Responsibilities:**

✓ It is the responsibility of the applicant to arrange for the utilities to be disconnected. The information is to be recorded on the second page of the application under the Utility Disconnection Information Section. Be advised a building permit will not be issued until all utility services have been disconnected. A letter is required to the attention of the Building & Code Enforcement Division from NICOR Gas Company advising of the completion of the disconnection from the subject property.

#### Inspections

#### **Inspections prior to permit being issued:**

- △ Silt fence for erosion control
- △ Fencing of lot
- △ Fencing for tree protection on lot and parkway
- △ Restroom facilities

#### **Inspections during demolition:**

- Sewer and water capping (at main)
  - □ Secure R.O.W. permit if necessary
- Final Inspection

#### **Building Codes:**

The following are the Building Codes, which the City of St. Charles has adopted:

- o St. Charles Municipal Code
- o 2009 Int'l Building Code w/revisions
- o 2009 Int'l Mechanical Code w/revisions
- o 2008 Nat'l Electrical Code w/revisions
- o 2004 IL State Plbg Code w/revisions
- o 2009 Int'l Residential Code/revisions
- o 2009 Int'l Fire Prevention Code/revisions
- o 2009 Int'l Fuel Gas Code w/revisions
- o 2009 Int'l Energy Conservation Code

#### **General Comments:**

- \* Inspections shall be called a minimum of 24 hours before they become due.
- \* Call J.U.I.L.E. (Joint Underground Location for Inspectors and Engineers) at least 48-hours prior to any digging to locate any underground utilities. (1-800/892-0123)

| • | Electric Utilities            | Red    |
|---|-------------------------------|--------|
| • | Comcast (Cable)               | Orange |
| • | Northern Illinois Gas (NICOR) | Yellow |
| • | Sewer Utilities               | Green  |
| • | Telephone Utilities           | Orange |
| • | Water Utilities               | Blue   |

| Dig number | Date notified |
|------------|---------------|
|            |               |

#### City of St. Charles

Building & Code Enforcement Division Two East Main Street St. Charles IL 60174 630.377.4406 (Office) 630.443.4638 (Fax)



#### Application for DEMOLITION Permit Please Print

| Applica            | ation Date: F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Parcel No                    |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Please o           | check which use this demolition application is fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or:                          |
|                    | Residential Non-Residential Partial Demolition (does not include disconnec Anticipated date of demolition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |
| -                  | submit the following:  Complete filled out and signed application  Eight (8) copies of the plat of survey  Submittal fee (Payment is to be by either cash or complete in the c |                              |
| Building<br>Square | Building – Property I ddress:  g Dimensions: Length: Width: footage of building: Estimate of Business that will Occupy Space:  property located in the Historic Preservation Dis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Height:d cost of demolition: |
| Name:_<br>Address  | S:Applicant Inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | formation Phone #:           |
| Name:_             | Contractor Information: s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mation  Phone #:  Fax #      |

Continued on Reverse Side

## Application for Demolition Page 2

| Addmaga                                                                                                                                                                           |                                                                                                                                           | Phone #:                                                                                                                                                                        | <u></u>                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Address:                                                                                                                                                                          |                                                                                                                                           | Fax #                                                                                                                                                                           |                                                                                                                                                                                           |  |
|                                                                                                                                                                                   |                                                                                                                                           | License                                                                                                                                                                         | No                                                                                                                                                                                        |  |
| responsibility to contact service.  City Departments: Electric (630.377-4407) Water (630.377-4463) Water Meter Dept. (630.38) Sewer (630.443-3925) (Date of Disconnect            | Paul Marschinke  377.4404)  Mike Burnett  Again, you are to contact when it has been disco                                                | t the Sewer Division to                                                                                                                                                         | arrange an inspection of the service                                                                                                                                                      |  |
| removal of their equipn                                                                                                                                                           | f the owner/applicant to contac<br>nent and services. A letter is re<br>rom NICOR Gas Company ad                                          | equired to the attention                                                                                                                                                        |                                                                                                                                                                                           |  |
| UTILITY                                                                                                                                                                           | Person<br>Contacted                                                                                                                       | Date of<br>Contact                                                                                                                                                              | Date of<br>Disconnect                                                                                                                                                                     |  |
| Outside Agencies:<br>NICOR (gas)<br>SBC/Telephone                                                                                                                                 |                                                                                                                                           |                                                                                                                                                                                 |                                                                                                                                                                                           |  |
| Anticipated date of den                                                                                                                                                           | nolition:                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                           |  |
| electric and other applical performed according to the do, or cause to have done, this application. I am fam willingly become responsil and shall call for inspection PRINT NAME: | said work according to plans, speniliar with the applicable ordinance ble for all work accomplished undons as required at a minimum of 24 | harles and shall perform a<br>, or my agent, shall perso<br>cifications and other writ<br>es and the provision there<br>er the permit by all contr<br>4-hours before they becor | all work, or cause all work to be nally supervise the work and shall ten information supplied as a part of eof and in signing this application do ractors, tradesmen and workmen, ne due. |  |
|                                                                                                                                                                                   | RT OF THE BUILDING OFFICIA                                                                                                                | <b>AL</b>                                                                                                                                                                       | _                                                                                                                                                                                         |  |
|                                                                                                                                                                                   | RT OF THE BUILDING OFFICL                                                                                                                 | AL                                                                                                                                                                              | For Office Use Received                                                                                                                                                                   |  |
| Remarks:                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                                                 |                                                                                                                                                                                           |  |
| Accepted:I                                                                                                                                                                        | RT OF THE BUILDING OFFICIA  Rejected: Date:                                                                                               |                                                                                                                                                                                 | Received Fee Paid \$                                                                                                                                                                      |  |
| Accepted:I                                                                                                                                                                        | Rejected: Date:<br>cation were distributed to:<br>Engineering/PW:<br>Historic Preservation                                                | Fi                                                                                                                                                                              | Received  Fee Paid \$  Receipt #                                                                                                                                                          |  |